walled tumor. This was punctured with an aspirating needle, the only result being a small quantity of whitish débris, which, examined microscopically, was found to be composed of fatty globules and cholesterin crystals, with a few granular red bodies. After death the left hypochondrium was found occupied by a large, tense, elastic swelling with smooth, lobulated walls; this was adherent to the spleen, and the pancreas passed along its under surface. Its weight, with the spleen attached, was three and three-quarters pounds (spleen weighed four ounces). Its length was twelve inches, and its breadth five inches. On opening it, semifluid pultaceous matter exuded, mostly in rounded masses of a dirty yellow color; among these were clear, round, jelly-like globules, about the size of a walnut, out of which, when punctured, a clear fluid ran, leaving a collapsed cyst wall. The same microscopic characters of the contents were noted as before mentioned, and no trace of echinococci detected. When the spleen was cut in two, a smaller cyst of similar appearance, with thick fibrous wall, was found in its substance, entirely surrounded by splenic tissue, and near the edge where the other larger cyst was attached. The wall of the large cyst was composed of dense, fibrous tissue, with calcareous plates in places, and there was no line of demarcation between the splenic capsule and the cyst wall.

Cysts of the spleen are so extremely rare that this one appears worthy of record. A very similar one (recorded by Cornil and Ranvier) was met with by Péan, but it seemed to have been larger and to have contained liquid.

PERFORATION OF THE BLADDER IN PYOSALPINGITIS

REVERDIN reports the following case (*Revue de Chirurgie*, Jan. 10, 1889): A woman twenty-three years of age, who had had a gonorrhœal vaginitis in 1882, and who had had one child and one miscarriage, presented herself for examination, and was found to have a large fluctuating swelling in the left iliac fossa descending into the vaginal cul-de-sac. There was a purulent endometritis, and an exploratory puncture above Poupart's ligament revealed the presence of pus. A trocar was thrust through the vaginal cul-de-sac and a large quantity of purulent matter was evacuated. The trocar was allowed to remain in place, antiseptic injections being employed throughout. The following day, drainage being imperfect, the trocar was replaced by a large rubber tube, which, however, became displaced on the fourth day, necessitating a new incision. This caused profuse hemorrhage from one of the arteries of the broad ligament, which could be arrested only by the use of the hæmostatic forceps. Laparotomy was then performed, an incision five inches in length being made parallel to Poupart's ligament. As soon as the abdomen was opened it was seen that the bladder was perforated; the posterior cul-de-sac was opened and the suppurating cavity drained through the vagina; the vesical perforation was stitched to the abdominal wall, a rubber tube being passed through it and brought out through the urethra. Afterward it was drawn into the bladder and a little later withdrawn entirely. The hypogastric fistula then closed, the vaginal drain answering all purposes. The patient entirely recovered.

GONORRHŒA AND ITS RELATIONS TO SALPINGITIS.

DR. J. WILLIAM WHITE reports (*British Medical Journal*, February 9, 1888) a case of removal of the uterine appendages for disease consecutive to gonorrhœal infection; emphasizes the difficulty of recognizing some forms of venereal diseases in the female; and discusses the views of Noeggerath, Sinclair, and other gynecologists, which he believes to be extreme. He arrives at the following conclusions:

1. Gonorrhœa in the male is an entirely local and thoroughly curable disease.

2. The so-called "latent" gonorrhœa is due to changes in the mucous membrane of the urethra which, while they may be due to the persistence of a specific microbe, are apparently explicable by other circumstances, namely, the delicacy of the mucous lining of the urethra, and the conditions of approximation of its surfaces during the intervals of micturition, which is here, as elsewhere, unfavorable to the disappearance of granular or injected areas, or of the traces of inflammation; the periodical passage along the canal of a secretion, the urine, which is especially liable by reason of changes in its constitution to become an actual irritant; the exposure of the whole region at times of erection to intense congestion of its vessels; the effect of gravitation, the proportionately excessive supply of blood to the region, and the absence of extravascular resistance due to the elastic character of the spongy tissue, all of which favor the persistence of any vascular engorgement or congestion left after a first attack of urethritis. When in addition we consider the frequency with which gonorrhœa produces submucous thickening at some point in the urethra, causing an encroachment on the calibre of the canal, and, from obvious mechanical reasons, the production of discharge, we can understand that many of the cases of "latent" gonorrhœa can be explained without reference to the existence of a specific poison.

3. While awaiting definite microscopical evidence upon the subject, it should not be forgotten that there are marked differences between gonorrhœa as we observe it clinically, and those diseases known to depend upon a specific poison. The absence of a definite period of incubation; the fact that it may be produced with all its characteristic symptoms by a variety of agents, chemical, traumatic, and infectious; that it predisposes to, instead of protecting from, a second attack; that it is associated only with the ordinary processes of inflammation, and that it may be reawakened or produced at will by mechanical irritation, seem strongly to differentiate it from most specific diseases.

4. It is quite possible, even if gonorrhœa does not depend for its origin primarily or exclusively upon the gonococcus, that under certain circumstances the suppuration which accompanies it may favor the development of these or other forms of bacterial life, which in such cases might greatly increase both its contagious quality and the probability of its rapid extension in the infected individual. These cases in women constitute the class which comes most naturally under the attention of the gynecologist, to whom, indeed, they have usually been referred by the surgeon or general practitioner. They do not happen, after all, with great frequency, and, when they do occur, are by no means followed in all, or even in the majority of instances, by the serious and alarming sequelæ which have been described.

5. In many such cases a line of treatment which includes rest in bed, elevation of the pelvis, counter-irritation, hot antiseptic vaginal injections, and anaphrodisiacs with arterial sedatives, will result in cure.

6. In some instances gonorrhœa undoubtedly produces consecutively en-

docervicitis, tubo-ovarian abscesses, and pelvic peritonitis, and necessitates a resort to operation, but these instances are comparatively rare or exceptional.

SYPHILITIC CERVICAL SPONDYLITIS.

PROF. BREDA ACHILLE (*Giornale Italiano delle Malattie Veneree e delle Pelle*, December, 1888) reports the case of a man fifty years of age, the subject of old syphilis, with adherent cicatrices of the scalp, the neck, and the supraclavicular and deltoid regions consecutive to old gummata, and with contraction of the right lung resulting from a specific interstitial pneumonia. The posterior pharyngeal wall was swollen and projected forward to the level of the palato glossal folds. Pressure on the head, on the lateral aspect of the neck, and especially on the wall of the pharynx through the mouth, with counterpressure on the cervical spinous processes, gave rise to great pain. The painful region was that of the bodies of the third, fourth, and fifth cervical vertebræ; the former was especially prominent and tender. Flexion of the head on the chest was painful, extension still more so, and the movements of rotation gave rise to exquisite suffering. Mercurial inunctions and full doses of the iodide of potassium resulted in subsidence of these symptoms; leaving, however, a noticeable tumefaction about the spine of the third cervical vertebra, which remained for some months slightly tender upon pressure.

Achille reports, also, an interesting case of spontaneous fracture of two or more ribs, as a sequel of specific osteitis.

THE PERSISTENCE OF THE REGENERATIVE POWER OF NERVES.

PROF. C. VANLAIR (*Archives Roumaines de Méd. et de Chirurg.*, January, 1889) records the results of his investigations into the effect of second operations upon the same nerves, and concludes that when the integrity of a nerve has been reëstablished after complete division, a second resection may be followed by a second and equally complete regeneration. He formulates his conclusions as follows:

It is not impossible to obtain experimentally the reproduction of the same nerve several times in succession. Outside of unforeseen accidents, the only obstacle to these multiple regenerations consists in the endoneurial thickening of the peripheral segment, the thickening occasioned by the excessive multiplication of the sheaths of Schwann, but this difficulty is easily overcome by the centrifugal pressure of the new fibres. It is, besides, more than compensated for at the time of the second reproduction by a considerable increase in their power of proliferation.

As to the reproductive ability of the nerve, it is virtually inexhaustible. One can even say that its activity increases as it is subjected to new proofs. In other words, then, the nerves possess the faculty of reproducing themselves indefinitely, just as do the connective and bony tissues. They can always repair any loss of substance, provided they find a suitable conductor. There is thus a demonstrable force which the experimenter can dispose of at his will, and which, well directed, will constantly produce its effects, so that the regeneration of nerves in the last analysis is subject to two conditions: on one side, a *vis medicatrix naturæ;* on the other hand, mechanical influences, which, according to their employment in one way or another, may aid in a reparative process, or render it ineffective.